

Child and Adult Care Food Program (CACFP)

Child Care Training Packet

FY 2013



**Division of School and Community Nutrition
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"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides funds to institutions and sponsoring organizations that provide nutritious meals to participants enrolled in child care centers, day care homes, homeless shelters, and adult day care centers.

Your institution is eligible to participate in this program if you are:

- A public or private nonprofit organization,
- A private for-profit center in which 25% of the participants have been documented as low income,
- A homeless shelter operated by a public or not-for-profit organization that provides support to homeless children in temporary residential settings, or
- The center may qualify according to other program regulations.

Child care centers can participate in the Child and Adult Care Food Program either independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. Day care homes must participate through a sponsoring organization; they cannot participate in the Child and Adult Care Food Program independently.

Enrollees in eligible child care centers can receive CACFP benefits if they are:

- Age 12 years or under; or
- Children of migrant workers age 15 or under; or
- Mentally/physically disabled persons, as defined by the State, at any age if the majority of enrollees are age 18 or under; or
- Children enrolled in At Risk After School Programs
- Temporary residents of homeless shelters 18 years of age or younger, and residents of any age who have disabilities.

Note: All criteria listed above may not apply to your organization.

BUILDING FOR THE FUTURE

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (two of the four groups)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or Bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating

Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private non-profit child care centers, HeadStart programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas.

Contact

Information

If you have questions about CACFP, please contact the office of School and Community Nutrition at (502) 564-5625.

Questions or Concerns??? Call USDA at 1-800-424-9121.

USDA is an equal opportunity provider and employer.

FEDERAL REQUIREMENTS

Federal regulations at [7 CFR Part 226](#) require institutions participating in the Child and Adult Care Food Program to maintain the following:

- Civil Rights [226.6(f)(1); 226.6(b)(1)(iii)]
- In-Service training [226.16(d)(2)(3), 226.15(e)(12)(14)]
- Menus* for participants and infants (Must ensure that meals claimed for reimbursement meet meal pattern requirements)[226.15(e)(10)]
- Procurement (226.22) small purchase [226.22 (h) (1) (2)]
- Record of Meals Served* [226.15(e)(4)]
- CACFP Enrollment Forms* [226.15(e)(2)]
- Income Applications* [226.15(e)(2); 226.23(e)(1)]
- Attendance Records* [226.15(e)(4)]
- Master Roster* USDA Handbook- CACFP for Child Care Centers-pg.53; Adult Day Care Resource Manual for the USDA CACFP –pg. 12.
- Monitor Reviews [226.15(e)(11); 226.16(d)(4)(i); 226.16(d)(4)(iii)]
- Claims for Reimbursement* [226.15 (e)(7) and 226.15(e)(6)(i)]

*If any deficiencies are determined to exist in the above areas, meals may be disallowed. Disallowance of meals will result in the recovery of reimbursement.

INSTITUTION AND SPONSORING ORGANIZATION RESPONSIBILITIES

RECORD KEEPING

Institutions who participate in the Child and Adult Care Food Program (CACFP) must maintain records at the sponsoring organization office/independent center location. Sponsoring organizations are responsible for ensuring that each institution under the sponsorship is maintaining these records. These records must accurately reflect program operations. Failure to maintain such records will result in the denial of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. **All monthly records and supporting documentation must be assembled together and filed with a corresponding copy of the Report and Claim for Reimbursement in the institutions or sponsoring organization's main office.** Institutions should assign responsibility for maintaining daily records to specific staff.

Records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year. **Failure to maintain any of the following records will result in the repayment of meal reimbursement: [7 CFR 226.10(d)]**

1. Enrollment Forms
2. Master Roster
3. Attendance Records
4. Free/Reduced Price Income Applications
5. Record of Meals Served
6. Program Costs Documentation
7. Menus

FOLDER SYSTEM

The folder system was designed by the State Agency as an effective way of managing records necessary for meal reimbursement. All institutions are required to have the following labeled folders for each fiscal year:

1. Permanent Agreement/News Release
2. Procurement
3. In-Service Training
4. Monitor Reviews
5. Policy Memos issued by USDA and the State Agency
6. Income Applications/Enrollment Forms
7. Withdrawn Income Applications
8. Taxes, Supporting Documentation, and Tax Verification Form
9. Blank Forms
10. Monthly folders (October – September) for each month of the federal fiscal year beginning with October. The following items are to be filed monthly in each folder:
 - a. Copy of the Claim for Reimbursement
 - b. Attendance Records
 - c. Copy of Master Roster
 - d. Menus (Participant and Infant)
 - e. Record of Meals Served (Form 17-9) and/or (Form 17-10) for institutions claiming more than 3 meal services.
 - f. Food and non-food bills, receipts, invoices (must be dated, itemized, include the store and/or vendor name.
 - g. Personnel Activity Report(s) and/or check stubs
 - h. Record of Expenditures (17-8)
 - i. Monthly Acknowledgement of Reimbursement-Transmittal Sheet (mailed/emailed from the State Agency)

CIVIL RIGHTS COMPLIANCE AND GRIEVANCE PROCEDURES

The purpose of this policy memorandum is to provide guidance regarding civil rights compliance in the Child and Adult Care Food Program (CACFP).

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

- **Discrimination** is defined as distinguishing a person, or group of people, either in favor of or against others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes.
- **The six protected classes** associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

Responsibilities of Institutions and Sponsoring organizations

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are the

1. Public Notification System
2. Data collection,
3. Training and
4. Grievance Procedures.

Compliance Areas

1. Public Notification System (PNS)

a. News Release:

- Inform parents or guardians of participants, as well as local minority and grassroots organizations (such as churches, Salvation Army, other community programs) and one media source of the availability of program benefits and services, the nondiscrimination policy and all significant changes in existing requirements that pertain to program eligibility and benefits. (Note: this may be done through the news release **and** letter to parents, income scale and application form sent home to the parents or guardians of each participant enrolled.)
- Institutions are not required to pay sources for this service.
- Institutions should maintain a copy of the current fiscal years' new release with other CACFP documents, along with sources' names and identification of the contact person at each source in which news release was submitted.

**** EXAMPLE OF THE NEWS RELEASE FOLLOWS ON THE NEXT PAGE ****

NEWS RELEASE – CHILD CARE CENTERS

_____ announces participation in the USDA Child and Adult Care Food Program administered by the Kentucky Department of Education.

Meals will be served at no separate charge to enrolled participants at the center and are provided without regard to race, color, national origin, sex, age or disability. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (800) 795-93272 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; (202) 720-2600; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. If you believe you or any individual has been discriminated against in the Child and Adult Care Food Program, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Participants eligible for free and/or reduced price meals must have a complete application with documentation of eligibility information which may include a SNAP or K-TAP case number, or names of household members and income information.

If you have questions regarding the Program, please contact _____ (sponsor contact person) at _____ (phone number).

Participating Center

Address

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2012– June 30, 2013				
Family Size	Free Meals		Reduced Price Meals	
	Monthly	Yearly	Monthly	Yearly
1	\$1,211	\$14,521	\$1,723	\$20,665
2	\$1,640	\$19,669	\$2,333	\$27,991
3	\$2,069	\$24,817	\$2,944	\$35,317
4	\$2,498	\$29,965	\$3,554	\$42,643
5	\$2,927	\$35,113	\$4,165	\$49,969
6	\$3,356	\$40,261	\$4,775	\$57,295
7	\$3,785	\$45,409	\$5,386	\$64,621
8	\$4,214	\$50,557	\$5,996	\$71,947
For each additional family member, add:	\$ 429	\$ 5,148	\$ 611	\$ 7,326

- Record name of public information media to which news release was sent, and date submitted:

Name: _____ Date: _____

- Record name of minority/grassroots organization to which news release was sent, and date:

Name: _____ Date: _____

PNS continued

b. “And Justice For All” poster

- This poster contains the nondiscrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- Only original posters may be displayed.

**** “And Justice For All” Poster Example Follows ****



c. Non-Discrimination Statement

- The statement in its' entirety is required on all materials regarding benefits and services as related to CACFP, such as but not limited to: promotional literature, parent handbooks and websites.
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.

**** The non-discrimination statement is displayed below in its' entirety ****

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

d. Language Barriers/Limited English Proficiency (LEP)

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**** The link below provides translations for CACFP materials ****

<http://www.fns.usda.gov/cnd/frp/prp.process.htm>

2. Data Collection

- Ethnic and racial data for each site must be documented annually in the management plan as part of the initial and annual renewal process;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

Example from the Management Plan is located on the next page.

**** Below is the process for collecting ethnic and racial data as documented in the management plan ****

- (1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school nearest your center. The link to the racial/ethnicity report for KDE schools is on SCN's website at:
- (2) The number of participants enrolled in the CACFP program at your center.

No.	ETHNIC	RACIAL					
	Hispanic or Latino	White	Black or African American	American Indian	Asian	Native Hawaiian or Pacific Islander	2 or More Races/ Other
1.	%	%	%	0%	%	%	%
2.	#	#	#	#	#	#	#

3. Training

- Institutions and sponsoring organizations must offer civil rights training to all people involved in their program: staff, volunteers and contractors.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training).
- Institutions and sponsoring organizations must document civil rights training efforts through dated In-Service Training forms identifying the topic covered (See page 16 for In-Service Training form).

4. Civil Rights Complaint Procedure

Institutions and sponsoring organization Responsibilities

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints.
- May NEVER impede participant's ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

Participant Rights

- Knowledge of all nondiscrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A Claim may be filed up to 180 days following an alleged action or incident.

**** The following pages include Grievance Report Procedures and Forms ****

KENTUCKY DEPARTMENT OF EDUCATION
Division of School and Community Nutrition
Civil Rights Grievance Report Procedures

In accordance with FNS Instruction 113-1, the _____
Institution /Sponsoring Organization provides a grievance procedure in the event a person believes he/she or their
enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin,
sex, age or disability in the food service program provided by the _____ Institution/
Sponsoring Organization.

GENERAL INSTRUCTIONS

All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

Procedure for Filing Complaints of Discrimination

1. Right to File a Complaint

Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptance

All complaints, written or verbal, shall be accepted by the Division of Nutrition and Health Services and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

3. Verbal Complaints

In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complainant for the complainant. Every effort shall be made to have the complainant provide the following information:

- a. Name, address, telephone number, or means of contacting the complainant.
- b. The specific location and name of the entity delivering the program, service, or benefit.
- c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
- d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
- e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
- f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

Civil Rights Grievance Report Form

Name _____

Date _____

Address _____

Phone _____

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

State the reason(s) you are filing this grievance report.

What response did you receive from the institution representative during the alleged occurrence?

What results are you seeking from this communication?

Signature of Complainant_____
Date

Civil Rights Grievance Report Form

Information on person filing grievance:

Name _____

Address _____

Telephone Number _____

Date Received by Institution OR Sponsoring Organization _____

Director's Name _____

Date forwarded to KDE _____

RESOLUTION/COMMENTS:

Signature of Institution or Sponsoring Organization Representative

Date

INSTITUTION OR SPONSORING ORGANIZATION IN-SERVICE TRAINING DOCUMENTATION

Child care center and Adult day care center institutions and sponsoring organizations must conduct staff training regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct staff training within the first four weeks of program participation*. Documentation of the training must be recorded on the REGISTRATION FORM. The State Agency recommends discussing the following topics during staff training:

1. Civil Rights Compliance
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Form 17-9).
4. For those institutions approved for more than 3 meal services, Form 17-10 will be used daily to record the names of the children and to indicate which meals they consumed. Facilities may only claim two meals and one snack or two snacks and one meal per child per day. The Form 17-9 will be used to consolidate all daily meal service totals for claim submission.
5. Attendance records,
6. Safety and sanitation,
7. Menus (Participant and Infant),
8. Personnel Activity Reports,
9. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1st week of employment. Remember to always have new staff members sign in when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.

Any staff conducting in-service training must have completed training on CACFP policies and procedures.

**Kentucky Department of Education
Division of School and Community Nutrition**

Sponsor In-Service Training Documentation

REGISTRATION FORM

Sponsor _____ **Location** _____

Training Conducted by: _____ **Date** _____

Topics Covered:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Participants' Original Signatures	Title	Location
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature _____ **Date** _____

MENUS 7 CFR 226.15 (e) 10

All institutions are required to keep Menus. Menus function as an important tool because menus help ensure that centers meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. Therefore, Menus help support food purchases and costs. When listing food items served on Menu and Production Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices). Foods on the menus will be cross referenced with the purchases on food receipts and invoices. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Institutions are responsible for purchasing and preparing adequate amounts of each component for the number of children being claimed during the meal service.

Additionally, food substitutions can be made for participants who are unable to consume regular program meals because of **medical** or other special dietary needs. In such cases, a statement from a recognized medical authority must be provided on behalf of the participant. The medical statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted.

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's parents/guardian must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted.

As stated in USDA FNS Policy Memo CACFP 21-2011-**REVISED**, "in the case of children who cannot consume fluid milk due to medical or other special dietary needs, other than a disability, non-dairy beverages may be served in lieu of fluid milk. Non-dairy beverages **must** be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10 (m)(3)." In such cases, parents or guardians shall request the substitutions in writing and are not required to provide a medical statement. The written request must identify the reason for the substitution. **Such substitutions are at the option and expense of the facility.**

Q. If I purchase meals on an agreement/contract basis, what kind of records do I need in order to confirm the meal pattern requirements were met?

A. If **contracting** for meals, the institution must maintain accurate, complete and detailed Menus that contain all food components served to participants; the school, food service management company, or caterer must make records available for review or audit upon request by the State Agency.

Q. How do I verify each day the number of meals I received compared to what was ordered?

- A. Each day, the caterer must provide a meal delivery ticket that contains the following: 1) Name, address, phone number of caterer, 2) date delivered, 3) number or quantity of meals delivered, 4) initials or signature of caterer staff to verify number of meals, and 5) initials or signature of sponsor staff to verify the number of meals received, 6) specific food delivered.

These tickets should be compared to the monthly invoice received from the vendor to ensure that the sponsor was charged for the correct number of meals ordered.

Q. Do I have to serve water during meals?

- A. In accordance with FNS Policy Memo CACFP 20-2011, child care centers, family day care homes, at-risk afterschool programs and shelters participating in CACFP shall make potable water available to children throughout the day, including meal times. Water should be made available to children upon request, but does not have to be available to children self-serve.

Q. If my staff has difficulty calculating amounts of food to prepare, what do I do?

- A. Consider the use of cycle menus and calculate how much the cook needs to prepare based on attendance. **It is the responsibility of each participating institution to ensure that meals meet minimum requirements as to components and portion size per participant.** In addition, the institution or sponsoring organization should provide additional training to the cook in the use of the Food Buying Guide and the Food Crediting Guide.

If there are no menus available, if menus are incomplete, or if menus do not cross reference with receipts, meals will be disallowed.

INFANT DAILY MENU RECORD

The Infant Daily Menu Record is required for all programs serving infant meals.

As you know, infant meal patterns vary according to the age of the infants. You should ensure that each age group is receiving all required components. You do not need to break out the components for the different age groups under the menu column, but you must be specific when listing all food components served to all age groups. **Infants 6wks up to 1 year must be listed on the Infant Daily Menu Record.** If for some reason children over 1 year of age are still consuming infant foods or formula their meals must be recorded on Infant Daily Menu Record.

Infant Daily Menu Record must have a detailed description. The type of cereal, type of fruit or vegetable and iron fortified formula/breast milk must be listed.

Institutions must provide at least one component of the breakfast, lunch and supper meals served to infant participants 8 months to one year of age, in order for the meal to be reimbursable.

Child and Adult Care Food Program Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}
4 months through 7 months	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4}	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4} 0-3 tablespoons fruit and/or vegetable ⁴	4-8 fluid ounces formula ¹ or breast milk ^{2, 3}
8 months up to first birthday	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ and/or 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas or ½-2 ounces cheese, or 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula ¹ or breast milk ^{2, 3} or fruit juice ⁵ 0-1/2 slice bread ^{4, 6} or 0-2 crackers ^{4, 6}

¹ Infant formula and dry infant cereal shall be iron-fortified.

² It is recommended that breast milk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

Breakfast and lunch for 8-11 month olds must contain at least three of the components listed above to be creditable.



Age: 1 and 2 years 3 through 5 years 6 through 12 years

BREAKFAST

Fluid milk	½ cup	¾ cup	1 cup
100% Juice or fruit or vegetable	¼ cup	½ cup	¾ cup
Bread or bread alternate	½ slice*	½ slice*	1 slice*
or cold dry cereal	¼ cup (or ½ oz.)	½ cup (or ½ oz.)	¾ cup (or 1 oz.)
or cooked cereal	¼ cup	½ cup	¾ cup

SNACK

Select two of the following four components**

Fluid milk	½ cup	¾ cup	1 cup
100% Juice or fruit or vegetable	¼ cup	½ cup	¾ cup
Meat or meat alternate	½ ounce	½ ounce	1 ounce
Bread, bread alternate, or cereal	½ slice*	½ slice*	1 slice*

LUNCH/SUPPER

Fluid milk	½ cup	¾ cup	1 cup
Meat or poultry or fish	1 ounce	1½ ounce	2 ounces
or cheese	1 ounce	1½ ounce	2 ounces
or cottage cheese, cheese food, or cheese spread	2 ounces (½ cup)	3 ounces (¾ cup)	4 ounces (1 cup)
or egg	1	1	1
or cooked dry beans or peas	¼ cup	¾ cup	1 cup
or peanut butter, soybean butter or nut or seed butters,	2T.	3T.	4T.
or peanuts, soybeans, tree nuts or seeds	½ oz. = 50%	¾ oz. = 50%	1 oz. = 50%
or yogurt***	½ cup (4 oz.)	¾ cup (6 oz.)	1 cup (8 oz.)
Vegetables &/or fruits (2 or more)	¼ cup Total	½ cup Total	¾ cup Total
Bread or bread alternate	½ slice*	½ slice*	1 slice*

* or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour, or a serving of cooked enriched or whole-grain rice or macaroni or other pasta products.

** for snack, juice may not be served when milk is served as the only other component.

*** or any equivalent quantity of any combination of the above meat/meat alternates.

This institution is an equal opportunity provider.

Child Care Center/Sponsor

WEEKLY MENU RECORD

Site _____

Name of Center/Sponsor		Menu		Month _____		Week _____		Year 20 _____	
Menu Item	Monday	Date	Menu	Tuesday	Date	Menu	Wednesday	Date	Menu
Breakfast									
Milk									
Fruit/Veg./Juice									
Bread/Grains									
(Must serve 3 components)									
A.M. Supplement									
Milk									
Meat/Meat Alternate									
Fruit/Veg./Juice									
Bread/Grains									
(Must serve 2 components)									
Lunch									
Milk									
Meat/Meat Alternate									
Fruit/Veg.									
Fruit/Veg.									
Bread/Grains									
(Must serve 5 items)									
P.M. Supplement									
Milk									
Meat/Meat Alternate									
Fruit/Veg./Juice									
Bread/Grains									
(Must serve 2 components)									
Supper									
Milk									
Meat/Meat Alternate									
Fruit/Veg.									
Fruit/Veg.									
Bread/Grains									
(Must serve 5 items)									

School and Community Nutrition
Child and Adult Care Food Program
Infant Daily Menu

Sponsor Name: _____

Center: _____

Date of Meal Service: _____

Instructions: Enter the menu for each meal and/or snack served. Enter the total number of eligible, enrolled participants who were served the applicable meal(s) and/or snack(s).

Meal Served	Meal Component ^a	Menu	Birth – 3 mos.	4 mos. – 7 mos.	8 mos. – 11 mos.	Total Infants Served per Meal
Breakfast	Iron Fortified Formula/ Breast Milk Fruit, Vegetable IF Infant Cereal/Whole Grain Component					
A.M. Snack	Iron Fortified Formula/ Breast Milk Fruit Juice					
Lunch	Iron Fortified Formula/ Breast Milk IF Infant Cereal or Meat/Meat Alternate Fruit or Vegetable					
P.M. Snack	Iron Fortified Formula/ Breast Milk Fruit Juice					
Supper	Iron Fortified Formula/ Breast Milk IF Infant Cereal or Meat/Meat Alternate Fruit or Vegetable					

- The meal components above include all of the components for each type of meal served to children ages birth to 11 months. However, each age group does **not** receive all components listed for each type of meal served. You **must** comply with the infant meal pattern for each age group according to 7 CFR § 226.20(b).
- Note: Infants receiving whole milk before their first birthday **must** have a medical referral form on file completed by a physician.
- For those children over 1 year old who are still on iron fortified formula or baby food, a medical referral form must be on file.

Milk Reconciliation

Sponsor Name _____

Month/Year _____

Date	Breakfast			AM Snack			Lunch			PM Snack			Supper			LN Snack			Amount Purchased Gallons	
	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	Record Carry Over	
1																				
2																				
3																				
4																				
5																				
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31																				
Total																				
X	4	6	8	4	4	8	4	6	8	4	4	8	4	6	8	4	4	8		X 128
=																			Total (b)	(a)

(a) _____ Total ozs. Purchased (b) _____ Total ozs. Required

(a) - (b) = (c) _____ (c) divided by 128 = _____ Total gallons above/below amount needed

Meals Disallowed? ☐ Yes ☐ No

Number of Meals Disallowed: _____

Breakfast _____

AM Supplement _____

Lunch _____

PM Supplement _____

Supper _____

LN Snack _____

Total _____

Medical Referral Form for Modified Meals

The center must secure this information for participants who require modified diets.

Date _____

Participants's Name _____ Birth Date _____

Food Allergies/Intolerances: _____

Special diet/dietary restrictions/modified meals requested:

Note to Physician:

The center has been requested to serve this participant modified meals in the Child And Adult Care Food Program (CACFP). To ensure, that in so doing, the participant's medical requirements are being met appropriately, we request that you complete this form.

Are there foods that should not be served to this participant?

_____ Yes _____ No

If yes, list foods that should not be served:

If yes, also list suggestions for alternative foods that may be served to this participant:

Additional Recommendations and/or Requirements:

Signature of Physician _____ Date _____

Office Address _____ Phone _____

PROCUREMENT

(Comparison shopping)

To meet the procurement requirements, the State Agency requires that all participating care center institutions “comparison shop” ***once per year**. This is completed by documenting the costs of six of the most frequently purchased food items from three separate stores. Items should be rated according to cost, credit availability, proximity of store, consistency of quality, and reliability.

Another consideration when completing the small purchase procurement form is the type of the vendor. For example, if you buy foods mainly in bulk, you would compare vendors who provide the majority of their food items in bulk. Likewise, if you mainly go to a smaller grocery store to complete your shopping, you would compare grocery stores similar in size. In this way, the procurement procedures are more accurate. Also, if you purchase milk from a milk company, you will need to procure prices from three different milk providers.

Institutions that receive **all** catered meals from a food service vendor are required to complete the Vendor/Caterer Price Quote Form. This form documents that price quotes were secured from other available food vendors and lists the reason for vendor selection.

If milk or any other meal component is not included in the catering contract, a regular procurement must be completed.

Institutions that cater only one meal service and prepare remaining meal services must complete the Procurement form for those meals that they prepare and complete the Vendor/Caterer Price Quote Form for meals that they receive from the caterer. For example, if institutions cater the lunch meal service but prepare breakfast and snack meals, comparison prices for breakfast and snack items on the Procurement Documentation form would be documented and vendor prices for lunch on the Vendor/Caterer Price Quote Form would also be documented.

If you are purchasing meals from a vendor you must get price quotes from three or more vendors.

State Agency contracts must be used for all procurements requiring a contract: 1) contract with a Local Educational Agency; 2) contract with a vendor under \$10,000; and 3) contract with a vendor over \$10,000.

***The State Agency requires institutions to complete the procurement form within the first 4 weeks of each new fiscal year.**

Procurement Documentation for Day Care and Adult Day Care Centers Purchasing Food

(COMPARISON SHOPPING)

MONTH _____ YEAR _____

	Prices	Prices	Prices	
Six Most Purchased Food Items	Name of Store 1	Name of Store 2	Name of Store 3	Store Chosen and Reasons for Selection

Attach appropriate advertisements (optional)

Note: To document vendor selection, state if one or more of the following contributed to your purchasing decision: credit availability, proximity of store, consistent good quality, and reliability.

**PROCUREMENT
VENDOR/CATERER
PRICE QUOTE FORM**

#1 Name of Vendor/Caterer	Address	Contact Person	Phone Number	Price Per Meal			
				B'Fast	Lunch	Snack	Supper
Comments:							
Sponsor Signature				Date			

#2 Name of Vendor/Caterer	Address	Contact Person	Phone Number	Price Per Meal			
				B'Fast	Lunch	Snack	Supper
Comments:							
Sponsor Signature				Date			

#3 Name of Vendor/Caterer	Address	Contact Person	Phone Number	Price Per Meal			
				B'Fast	Lunch	Snack	Supper
Comments:							
Sponsor Signature				Date			

RECORD OF MEALS SERVED

The Record of Meals Served Form (17-9)/Form (17-10) is the official source documentation used to verify meal counts.

All institutions must maintain an accurate daily count of meals served to participants broken down by age categories. Institutions may also record program adults, and all other adults who participate in the meal service. **The count must be taken during the meal service and it must total the actual number of meals served. The meal count shall not be taken from attendance records, sign-in sheets, licensed capacity or enrollment.** Institutions may claim reimbursement only for meals served to participants who are enrolled in the program, have attended at least part of a day, and have a current, complete CACFP enrollment form on file.

The Record of Meals Served Form also provides an area to record total daily attendance each day. The total daily attendance will be compiled on this form as well.

After the last meal service on the last serving day of the month, institutions shall record the amount of milk that was not served or expired, in the space provided at the bottom of each month's Record of Meals Served (Form 17-9). This amount will represent milk to be carried over to the Milk Reconciliation Form in the upcoming month.

Q. Do I have to maintain a daily count at each meal service if I have attendance records?

A. **Yes.** Attendance records are not the same as the "Record of Meals Served." In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

Q. What are the limitations on number of meals served at child and adult day care centers?

A. Institutions are eligible to claim reimbursement for either two meals and one snack per participant per day or one meal and two snacks per participant per day.

Q. Can I claim more than three meal services?

A. Institutions can be approved to claim more than three meal services if they meet the following criteria:

- 1) Must be licensed for night time care;
- 2) Must ensure that the fourth meal is served at least eight (8) hours from the first meal served;
- 3) Must have a system in place to ensure that each participant is claimed for no more than two meals and one snack or two snacks and one meal per day. **(State Agency Form 17-10).**

Note: New institutions on the program must operate for six months and be able to demonstrate an understanding of all requirements and documentation before a fourth meal service will be approved.

Institutions with a history that shows evidence of an inability to maintain accurate documentation and does not ensure that a good faith effort is being made to correct problems will not be approved for a fourth meal service. The additional meal service will be approved when the institution can prove that lasting changes have occurred to manage the Program in an effective and accountable manner.

In addition, institutions approved to claim a fourth meal service may have this privilege revoked should an administrative review, drop-in visit, technical assistance visit, or audit reveal problems in maintaining accurate meal counts, Menus, or other Program documentation.

Q. What form do I use to document more than three meal services?

A. Form 17-10 is used to document the number of meals served to each child and the meals to be claimed per child. This form requires that you list each child by name and then mark which meals each child ate for each day. One form is to be completed for each day. Only two meals and one snack or two snacks and one meal shall be claimed per child per day. **If a child ate more than three meals, you must highlight the meal(s) that will not be claimed.** At the conclusion of each day, meal counts shall be consolidated and recorded on the Record of Meals Served Form (17-9).

Q. Where do I obtain this form?

A. If the State Agency approves you for more than three meal services, you will be provided with the Record of Meals Served Form 17-10 form.

Record of Meals Served

Revised 2012

Month/Year _____

	Breakfast				Total Break Fast	A M Supplement				Total A.M. Snacks	Lunch				Total Lunches	P M Supplement				Total P.M. Snacks	Supper				Total Supper ?	Total Daily Attend
	Date	Infant	1-2	3-5		6-12	Infant	1-2	3-5		6-12	Infant	1-2	3-5		6-12	Infant	1-2	3-5		6-12					
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2																										
3																										
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29																										
30																										
31																										
Total																										

Milk on hand after the last
meal service of the month: _____

CACFP ENROLLMENT FORMS

Institutions who participate in the Child and Adult Care Food Program are required to maintain information regarding all participants. Therefore, an enrollment form must be completed for each participant attending the center. (Please refer to the following page for a sample CACFP Enrollment Form.)

Participants shall not be counted in membership, attendance, or their meals claimed for reimbursement without a current, complete CACFP enrollment form. Enrollment forms must be received by the institution during the first month the participant enrolls in order to be counted in membership and those meals claimed for reimbursement. [7 CFR 226.15(b)(2) and 7 CFR 226.17(b)(4) and (7)]

CACFP enrollment forms must be collected annually in order to be considered current.

Q. Do I have to use the CACFP enrollment form?

A. CACFP requires parents, guardians and/or clients to complete a new enrollment form each fiscal year for participation in the program. The CACFP enrollment form has specific information that **is required**, such as days in attendance, meals regularly consumed while in attendance, and times of attendance. **The CACFP enrollment form is not considered complete unless it is signed and dated by the parent/guardian.**

Q. Can we fill out the names, address, etc. on CACFP enrollment forms and have the parents sign them, especially if we can't get them back?

A. **No.** Parents/guardians must complete enrollment forms. The only exceptions would be parents who are illiterate, parents with a mental or physical disability, or immigrants who may need assistance. In these cases, the center staff could assist and would document on the form the person and date who assisted and why.

Q. If I have "drop-ins", should an enrollment form be kept on file and should the individual be included as part of the total enrollment?

A. **Yes.** All participants, including "drop-ins", who attend the center must be enrolled and counted as part of the total membership on the claim representing the month in which the participant received care.

Q. If a participant attends the center one day and then withdraws, what do I do?

A. The participant will be counted as part of the total membership for the month he/she attended the center, provided an enrollment form was obtained during that day. If not, the participant would not be counted in membership, total daily attendance, or meal counts.

Q. Do I have to have a CACFP enrollment form for infants?

A. **Yes.** You must have the following on file: 1) CACFP Infant Enrollment Addendum form and 2) an Income Application if the participant is to be claimed as free or reduced-price.

Name of Sponsor _____

ENROLLMENT FORM

Name of Participant (Last name, First name)	Date of Birth (mm/dd/yyyy)

Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:

HOURS AND MEALS WHILE IN CARE										
Days Normally in Care (Check ✓)	Hours Normally in Care				Meals Normally Received While in Care (Check ✓)					
	From	To	From	To	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian works multiple shifts and participant may be in care different days/hours. YES _____ NO _____

Do you supply any food to the center for the participant's meals due to medical or religious reasons?

If Yes, please list foods supplied. _____

Parent/Guardian and/or Client Signature

Date

ANNUAL UPDATE 1

Please review the information above and write in any changes to the participant's days and hours normally in care, and the meals normally received while in care. Indicate changes below:

Additional Information:

Parent/Guardian and/or Client Signature

Date

ANNUAL UPDATE 2

Please review the information above and write in any changes to the participant's days and hours normally in care, and the meals normally received while in care. Indicate changes below:

Additional Information:

Parent/Guardian and/or Client Signature

Date

Revised FY 2013

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for formula served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern (found on the back of this letter) developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula while in child care. We also need to know when you will introduce solid foods. You may choose for us to provide the formula, or you may provide the formula for your baby.

(Name of Daycare Center)

currently provides the following formula(s): _____

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form on the back and return it to help us plan the meals for your baby. If this information changes, you will need to complete a new form.

Sincerely,

Institution Representative

Phone Number

Date

INFANT ADDENDUM TO ENROLLMENT

Infant Name _____

Infant Birthdate ____/____/____

Do you supply any food for your child due to medical or religious reasons? If yes, please list foods supplied.

Check all that apply:

- _____ **Parent** will provide expressed breast milk
_____ **Parent** will breast-feed the infant at the day care center
_____ **Parent** will provide iron fortified formula/breast milk and
Center will provide additional baby food
_____ **Parent** will provide iron fortified formula/breast milk and
all additional baby food
_____ **Center** will furnish all iron fortified infant formula
_____ **Center** will furnish all iron fortified infant formula and
additional baby food

When necessary, do you give permission for formula to be prepared for your baby by the day care center?
_____ YES _____ NO

In an effort to improve our program, we periodically conduct household contacts, where we ask parents to provide input and to verify attendance of their children at this day care center. **Please fill in ALL of the following information:**

Parent/Guardian and/or Client Signature

Date

NON DISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Child and Adult Care Food Program Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}	4-6 fluid ounces formula ¹ or breast milk ^{2, 3}
4 months through 7 months	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4}	4-8 fluid ounces formula ¹ or breast milk ^{2, 3} 0-3 tablespoons infant cereal ^{1, 4} 0-3 tablespoons fruit and/or vegetable ⁴	4-8 fluid ounces formula ¹ or breast milk ^{2, 3}
8 months up to first birthday	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula ¹ or breast milk ^{2, 3} 2-4 tablespoons infant cereal ¹ and/or 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas or ½-2 ounces cheese, or 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula ¹ or breast milk ^{2, 3} or fruit juice ⁵ 0-1/2 slice bread ^{4, 6} or 0-2 crackers ^{4, 6}

¹ Infant formula and dry infant cereal shall be iron-fortified.

² It is recommended that breast milk be served in place of formula from birth through 11 months.

³ For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

Breakfast and lunch for 8-11 month olds must contain at least three of the components listed above to be creditable.

INCOME APPLICATION FOR FREE AND REDUCED PRICE MEALS

Institutions participating in the CACFP must obtain information regarding “free and reduced price meal eligibility” for each participant being claimed as free or reduced. **The eligibility information for each participant claimed as free or reduced must be kept on file and the information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Applications must be correctly and completely executed by the participant’s parents or guardian. Institutions must correctly classify enrolled participants in one of the following categories based on information obtained from the income application: free, reduced-price, or paid. All income applications must be reviewed for completeness by the institution. **The determining official must sign and date in order for the application to be deemed complete.**

The State Agency will review income applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim. A deficiency finding from a verification review will result in the recovery of any overpayments. As a result, follow up on-site reviews may be scheduled to ensure that the sponsor has corrected such problems.

Q. What does a completed application require?

A. If the participant is from a family **not** receiving Supplemental Nutrition Assistance Program (SNAP) or Kentucky Transitional Assistance Program(K-TAP), the completed application must include the participant’s name, birth date, list of all household members, last four digits of the social security number* of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

or

B. If the participant **is** from a family receiving SNAP or K-TAP, the completed application must include the participant’s name, birth date, SNAP or K-TAP number and must be signed and dated by the parent/guardian.

Please ensure that any SNAP/K-TAP numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

Q. If the family is unable to complete the income application due to a physical or mental disability, illiteracy, or language barrier, can the sponsor complete it?

A. In such a case, the institution may complete the application and the parent/guardian and/or client should make an “X” to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the income application and indicate why the parent/guardian/client could not complete the form without assistance.

- Q. What should be done if the family refuses to complete the income application?
- A. The participant will be classified as “paid.”
- Q. How should a foster child or child in court appointed Kinship Care be classified?
- A. These children are automatically classified as Free, indicated by the completed income application.
- Q. If the child receives benefits (subsidized child care), does an income application have to be completed by the child’s parent/guardian or is the child categorically eligible for free meals?
- A. An income application must be completed by the parent/guardian of the child receiving benefits. Receipt of subsidy funds does not automatically qualify the child for free/reduced meals.

***Note: for participants of Child Nutrition Programs, Section 9 (d)(1) of the National School Lunch Act requires that, unless the child’s SNAP or K-TAP case number is provided, the last four digits of the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if the last four digits of the social security number are not provided or an indication is made that the adult household member signing the statements does not have one, the statement cannot be approved. The last four digits may be used to identify the household member in carrying out efforts to verify the correctness of information on the statement.**

2012-2013 Child Care

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parent or guardians of children enrolled at either a child care center or a family day care home. _____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care.

Please help us comply with the requirements of the CACFP by completing the attached income application as soon as possible. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals. The completed form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the center will receive a higher level of reimbursement.

1. **Do I need to fill out an income application for each of my children in day care?** Complete and submit one CACFP income application form for all children in your household only if they are enrolled in the same center or home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: _____.
2. **Who can get reduced priced meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, attached with this application.
3. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the center.
4. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.
5. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) or K-TAP case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within eligibility standards.
6. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
7. **What if I have foster children?** Any foster child formally placed by the child welfare agency or court with a caretaker household will be categorically eligible for free meals. Foster children may be placed on a household application with other children in the household. The foster child is the only one that automatically is classified in the free category.
8. **The Kinship Care Program** operates under similar guidelines as that of foster care but the children are placed with family members. Under the Kinship Care Program, the state has custody of the child(ren) until permanent placement takes place.
9. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, nation origin, sex, age or disability.

If you have questions or need help, call _____ at _____.

KY Child and Adult Care Food Program Income Application

2012-2013 Child Care Centers

Complete this form in order for this center to qualify for reimbursement for meals served to your child(ren).

1. CHILD INFORMATION (print)

Name of Child	Birthdate	SNAP#	K-TAP#	If Foster Child or Kinship Care check here and give child's income.
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

2. PROGRAM BENEFITS

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a SNAP or K-TAP case number, go to Part 4.

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above LAST FIRST	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
	1. _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____

4. SIGNATURE AND SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member

X _____ X _____
Last four digits Social Security Number* Date

Printed Name _____ Home Telephone No. _____ Work Telephone No. _____

Street/Apt. No. _____ City/State/Zip _____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: _____ Hispanic or Latino _____ Not Hispanic or Latino
Mark one or more racial identities: _____ Asian _____ White _____ Black or African American _____ American Indian or Alaska Native
_____ Native Hawaiian or Other Pacific Islander

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE

MONTHLY INCOME CONVERSION – WEEKLY X 52	EVERY 2 WEEKS X 26	TWICE A MONTH X 24
<input type="checkbox"/> SNAP/K-TAP Household	Application approved for:	<input type="checkbox"/> Free Meals
<input type="checkbox"/> Income Household:		<input type="checkbox"/> Reduced Price Meals
Total Household Monthly Income: _____		<input type="checkbox"/> Paid
Household Size: _____		

Signature of Determining Official Date W/D Date Re-enter Date

For Parental Reference:

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2012– June 30, 2013				
Family Size	Free Meals		Reduced Price Meals	
	Monthly	Yearly	Monthly	Yearly
1	\$1,211	\$14,521	\$1,723	\$20,663
2	\$1,640	\$19,669	\$2,333	\$27,991
3	\$2,069	\$24,817	\$2,944	\$35,317
4	\$2,498	\$29,965	\$3,554	\$42,643
5	\$2,927	\$35,113	\$4,165	\$49,969
6	\$3,356	\$40,261	\$4,775	\$57,295
7	\$3,785	\$45,409	\$5,386	\$64,621
8	\$4,214	\$50,557	\$5,996	\$71,947
For each additional family member, add:	\$ 429	\$ 5,148	\$ 611	\$ 7,326

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

NON DISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Division of School and Community Nutrition

CACFP INCOME ELIGIBILITY GUIDELINES FOR CACFP Effective July 1, 2012 – June 30, 2013

FREE MEALS				REDUCED MEALS			
Household Size	Year	Month	Week	Household Size	Year	Month	Week
1	14,521	1,211	280	1	20,665	1,723	398
2	19,669	1,640	379	2	27,991	2,333	539
3	24,817	2,069	478	3	35,317	2,944	680
4	29,965	2,498	577	4	42,643	3,554	821
5	35,113	2,927	676	5	49,969	4,165	961
6	40,261	3,356	775	6	57,295	4,775	1,102
7	45,409	3,785	874	7	64,621	5,386	1,243
8	50,557	4,214	973	8	71,947	5,996	1,384
Add'l Members, add	+5,148	+429	+99	Add'l Members Add,	+7,326	+611	+141

CACFP REIMBURSEMENT RATES Effective from July 1, 2012 – June 30, 2013

Centers	Breakfast	Lunch and Supper	Supplements (Snacks)
Paid	0.27	0.27	0.07
Reduced Price	1.25	2.46	0.39
Free	1.55	2.86	0.78

DAY CARE HOMES

Day Care Homes	Breakfast		Lunch and Supper		Supplements	
	Tier I	Tier II	Tier I	Tier II	Tier I	Tier II
Rates	1.27	0.46	2.38	1.44	0.71	0.19

Administrative reimbursement rates for
Sponsoring organizations of daycare homes
per home/per month rates in US dollars

Initial 50	Next 150	Next 800	Each additional
107	82	64	56

The above rates do not include the value of commodities (or cash-in-lieu of commodities) which institutions receive as additional assistance for each lunch or supper served to participants under the program.

Commodity Rates/Cash-in-Lieu (CIL) for 2012-2013
Cash-in-lieu = \$.2275 (22 ¾ cents)

ATTENDANCE RECORDS

All institutions are required to maintain daily attendance records in order to document an enrolled participant's attendance in the center. (A copy of the Attendance Record Form is on the following page). Daily attendance must be totaled every day and recorded on the Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

However, a computer-generated attendance record is also acceptable. Institutions may design their own form, but it must contain, at a minimum, the information contained on the State Agency form. **Forms designed by the sponsor must be submitted to the State Agency for approval prior to use.**

Both the participant's first and last name must be included on the attendance record. **The name must be the same name that appears on the CACFP enrollment form, the income application, and the master roster.** Please be aware that **sign-in sheets are a licensing requirement, not a CACFP requirement. Sign-in sheets do not** replace attendance records. Participants who attend the center for any part of the day are considered present that day. For sponsoring organizations, participants who attend more than one center on the same day can be counted only once in attendance.

Failure to maintain attendance records or maintenance of inadequate attendance records will result in the recovery of CACFP reimbursement. Attendance records must be maintained on file for three years plus the current fiscal year.

DAILY ATTENDANCE RECORD

Month/Year _____

Sponsor _____

[illegible]

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day.

MASTER ROSTER OF PARTICIPANTS

One continuous Master Roster must be maintained each fiscal year. Institutions must be able to identify each month's total number of participants, as well as identify the total number of participants in each classification (Free, Reduced or Paid) category.

Each institution under a sponsoring organization must maintain a separate, continuous Master Roster. *

*Note: Each For Profit institution under a sponsoring organization must meet the 25% Free and Reduced Price Eligibility Requirement

The Master Roster must include the following:

- A check mark in the IA (income application) column indicates that a current income application is on file.
- A check mark in the EF (enrollment form) column indicates that a current enrollment form is on file for each participant.
- The names of all participants enrolled and in attendance at the beginning of each new federal fiscal year (October 1) must be recorded on the Master Roster. Additional pages may be attached as necessary. (A copy of the Master Roster Form is on the following page. However, a computer-generated roster is also acceptable. Institutions may design their own form, but it must contain, at a minimum, the information contained on the State Agency form. Forms designed by the institution must be submitted to the State Agency for approval.)
- New enrolled participants must be added to the list of participants immediately upon the first day of attendance so that one continuous, original roster is maintained for the fiscal year.
- Institutions must ensure that participants' eligibility classification is correctly recorded under the Eligibility portion of the Master Roster (Free, Reduced or Paid).
- All participants who qualify as "Free or Reduced" must have on file a correctly approved **current** "Income Application for Free and Reduced Price Meals."
- The Master Roster should accurately reflect the number of those enrolled at the center for each month.
- Membership reported monthly is determined from the actual attendance records. If a participant has been in attendance one day or a portion of that day **and has a current, complete enrollment form**, he is counted in the sponsor's membership for the month.
- The Master Roster must be cross-referenced monthly with attendance records, income applications and enrollment forms to ensure that only those participants in attendance with a current and complete enrollment form each month are claimed in the membership counts.
- To ensure a clean, on-going Master Roster is being maintained please follow these steps:
 - 1) After cross-referencing attendance records, income applications and enrollment forms, on the original master roster, mark the participants who were in attendance during the month.
 - 2) Make a copy of the original master roster.
 - 3) Calculate membership based on the participants who were in attendance for the month.
 - 4) Record those numbers on the copy of the master roster.
 - 5) Place the original master roster in the following month's folder and the copy will remain in the claim month.

MASTER ROSTER

CENTER _____

MONTH/YEAR _____

[illegible]

IA = Income Application
EF = Enrollment Form
(Columns should be checked only if forms are on file)

PROGRAM COSTS DOCUMENTATION

Every institution that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program [Food and Nutrition Service \(FNS\) Instruction 796-2, Revision 3](#), all institutions must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be maintained on file for three years plus the current year.**

The following are examples only and are not intended to be a complete guide as to how CACFP funds may or may not be spent. Refer to the FNS -Instruction 796-2, Rev. 3 or contact the State Agency if you have questions about allowable expenses.

Food and Milk Documentation

Allowable Costs: price of purchased foods referenced to menus and invoices from a food service management company or caterer.

Not Allowable: value of donated foods; cost of food lost as a result of fire, water, spoilage or other contamination in excess of \$100; fast food, personal groceries or items such as cigarettes, soda, dog food, etc.

Minimum Records that Support Cost of Food & Milk Used

- a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be dated, itemized, and include the name of the store where the food was purchased).
- b. Canceled checks;
- c. Food inventory records;
- d. Records of cash discounts and other credits when they are not shown on purchase orders and/or invoices;
- e. Menus (Participant and Infant)
- f. invoices from the food management company, caterer or school (reported as cost of food used);
- g. Daily delivery tickets that include components served as well as the name of the catering source, date, number of meals ordered, number of meals delivered. These also must be signed and dated by vendor staff delivering meals and sponsor staff receiving meals.

These tickets should be compared to the monthly invoice received from the vendor to ensure that the sponsor was charged for the correct number of meals ordered.

Non Food Cost Documentation

Allowable Costs: paper goods (napkins, straws, cups, etc.); cleaning supplies for kitchen and dining room; expendable equipment (**cost more than \$1000 per unit – must have prior approval from the State Agency**) cost of processing, distributing, transporting,

Not Allowable: any donated supplies; equipment costing in excess of \$1000 per unit; general day care supplies or arts/crafts projects; toys, games, videos; laundry and general cleaning supplies not used in the food service area.

Minimum Records that Support Nonfood Supplies and Expendable Equipment

- a. Invoices, bills, receipts, (all receipts used to document costs to the CACFP must be dated, itemized, and include the name of the store where the non-food was purchased).
- b. Canceled checks
- c. Bank statements

Note: Canceled checks and bank statements will be used only to verify payment of original receipts, and cannot be used as the only source of documentation.

Q. How much can you claim for non-food items the total amount or half?

- A. If all the non-food items were used as part of the meal service (i.e. paper products, plastic silverware, kitchen cleaning supplies, eating area cleaning supplies, etc.) then the total amount can be claimed. If only a portion of the product purchased is used for the food program (i.e. trash bags, paper towels), then only half of the cost could be claimed. Non-food items purchased for day care use only (i.e. toilet paper, Kleenex) cannot be included in program costs.

Q. Can I claim tax on non-food items?

- A. Yes, claim tax with the corresponding receipt under Non-Food on the Record of Expenditures, Form 17-8.

Program Labor Costs

Program Labor Costs for Food Service are limited to wages and fringe benefits paid by the sponsor to employees directly involved with the food service program. If the sponsor is reimbursed for an employee's wages from some other source, it cannot be claimed as a cost to the Program.

Allowable Direct Costs: wages paid for preparing and serving food; wages paid to personnel who assist participants at mealtime; wages paid for on-site preparation of records required for the food program. Program Labor duties include cooking, serving, menu planning, grocery shopping and cleaning of kitchen and dining room.

Not Allowable: administrative labor, donated labor, salaries of staff who do not perform CACFP duties; wages paid from sources other than the sponsoring organization.

Minimum Records that Support Program Labor Costs

- a. Staff who work full-time on CACFP duties (cooks) will document their wages and benefits by placing copies of their check stubs in the monthly folder.
- b. Personnel Activity Reports (PAR) – daily time sheets maintained by employees to establish the amount of time per day spent on the food program when the employee has other duties. These must be signed and dated by employee. Page two of the PAR must be signed and dated by the employee's supervisor. Both pages of the PAR's must be maintained in the monthly folders.

Program Administrative Costs

Program Administrative Costs include expenditures incurred by a sponsoring organization that relate to planning, organizing, and managing the food service program.

Allowable Direct Costs: wages paid for completing the application packet, approving income applications, conducting monitor reviews, training center personnel regarding CACFP requirements, time spent compiling the monthly Claim for Reimbursement, cost of computer equipment used to administer CACFP and attending State Agency training (training time may only be claimed for the month in which it occurs.)

Not Allowable: volunteer labor, wages paid from sources other than sponsoring organization, costs incurred to comply with licensing standards.

Minimum Records that Support Administrative Costs

- a. Payroll records (bank statements, canceled checks, pay stubs, etc.)
- b. Personnel Activity Reports - daily time sheet that establishes the amount of time each employee spends on food program responsibilities when the employee has other duties. They must be signed and dated by the employee.
- c. Mileage documentation.
- d. Rental agreements and invoices for office equipment or office space.
- e. Invoices and canceled checks for any costs claimed as an administrative expense.

PERSONNEL ACTIVITY REPORT

Employee Name: _____ Month/Year: _____

TO BE COMPLETED BY EMPLOYEE

INSTRUCTIONS: This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on administrative and program labor activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non CACFP Hours Worked	Total Hours Worked	Date	Hours Worked On CACFP		Non CACFP Hours Worked	Total Hours Worked
	Admin	Program Labor				Admin	Program Labor		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL				

I certify that this is an accurate record of the number of hours worked on the CACFP.

Employee Signature

Date

Personnel Activity Report
Page Two

Employee Name: _____ Month/Year _____

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

Total administrative hours worked on CACFP _____ x _____ (hourly wage) =
\$ _____ (Total administrative CACFP salary)

Total program labor hours worked on CACFP _____ x _____ (hourly wage) =
\$ _____ (Total program labor CACFP salary)

B. (SALARIED STAFF)

Total administrative hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %
Total Salary for month \$ _____ x _____ % = \$ _____ (Total admin. CACFP salary)

Total program labor hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %
Total Salary for month \$ _____ x _____ % = \$ _____ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

Signature of Center Director/Authorized Representative _____ Date _____

RECORD OF CACFP PROGRAM EXPENDITURES FOR THE MONTH FORM 17-8

The Record of CACFP Program Expenditures for the Month (Form 17-8) is the form that institutions use to record all of the expenses that are used to justify the reimbursement for the month. Institutions will keep this form, along with all receipts and the menu record, in the corresponding monthly folder. Every quarter, institutions will use the calculations from their monthly 17-8 forms to record their program costs in CNIPS.

- Q. Do I have to fill this out as I go along through the month, or can I complete it after the month is finished?
- A. Either way is acceptable, as long as the form is complete before the claim for the month is submitted.
- Q. Why do I have to record the quantity of milk I purchased on this form?
- A. This will aid you in completing your milk reconciliation for the month. The milk reconciliation determines whether or not enough milk has been purchased to meet meal pattern requirements for all meals in which milk was served.

Justification for CACFP Reimbursement

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	% Spent On Food
Oct.								
Nov.								
Dec.								
Total								
Jan.								
Feb.								
Mar.								
Total								
Apr.								
May								
June								
Total								
July								
Aug.								
Sept.								
Total								
Total for The year								

*Total expenditures for the year must be equal to or more than the reimbursement you receive.

MONITOR REVIEWS

Monitor reviews are the responsibility of the sponsoring organization, not the State Agency. Completed reviews must be maintained in the sponsor's files.

Monitor reviews serve as an effective tool for identifying and correcting deficiencies with the meal service and the food service operations. Correction of such deficiencies not only improves the meal service, but also identifies areas that could result in the disallowance of reimbursement by the State Agency.

For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. The State Agency requires that a meal service be observed during each monitor review. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that staff are unable to anticipate the date/timing of the review.

Child Day Care Sponsoring Organizations

Child care center and adult day care center staff, preferably center directors or individuals responsible for maintaining CACFP records, must complete **three monitor reviews (per site) each year with no more than a six-month lapse between reviews.**

The first review must be completed within the first four (4) weeks of each new fiscal year.

New Child Care Institutions and Sponsoring Organizations

New child care center and new adult day care sponsoring organizations must complete the first monitor review **within the first four weeks of participation** in CACFP.

Outside-School-Hours Sponsors

Schools operating outside-school-hours centers shall review each center a minimum of **three times each year with no more than six months between reviews.** New centers or sponsored centers must conduct the first review during the center's **first four weeks** of program operations.

Sponsoring Organizations (other than schools) of outside-school-hours centers shall review each center a minimum of **three times each year with no more than six months between reviews.** New centers or sponsored centers must conduct the first review during **the first four weeks** of program operations.

(The State Agency recommends that renewing sponsoring organizations conduct monitor reviews during the months of October, February and June to ensure regulatory time frames are followed.)

New institutions will have review months recommended to them at CACFP Training 101.

Kentucky Department of Education
Division of School and Community Nutrition
Child and Adult Care Food Program
MONITOR REVIEW FORM – CENTERS

Monitor reviews are the responsibility of the sponsor (not the State Agency). Completed reviews must be maintained in the sponsor's files.

INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM

For all sponsors, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during each monitor review. Two of the reviews shall be unannounced. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsors must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

Day Care Centers

A monitor review must be completed by the sponsor a minimum of **three times each year** and **not more than six calendar months elapse between reviews**. All sponsors must conduct the first monitor review within **the first four (4) weeks** of program operations each fiscal year.

Outside-School-Hours Centers

Schools operating outside-school-hours care centers shall review each center a minimum of **three times each year** and **not more than six calendar months elapse between reviews**. New centers or sponsored centers must conduct the first review during the center's **first four weeks** of program operations.

Sponsors (other than schools) of outside-school-hours care centers shall review each center a minimum of **three times each year** and **not more six calendar months elapse between reviews**. New centers or sponsored centers must conduct the first review during **the first four weeks** of program operations. **At least two of the three must be unannounced.**

SECTION 1 GENERAL

Date of Review: _____	Name of Reviewer: _____
Follow-up: _____	Announced: _____ Unannounced: _____

1. Name of Center/Site: _____
2. Address: _____

3. Is the center at/within licensed capacity, age limits, and provider/participation ratio at the time of review? ☐ Yes ☐ No
4. If no, explain: _____

SECTION 2 MEAL INFORMATION

5. Approved Meal Types:

☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper ☐ Late Night Snack

6. Describe how the center obtains daily meal counts for meals served:

7. List the meal counts for each of the preceding five serving days for the meal types for which you are **approved** along with **Total Daily Attendance (TDA)**:

	Date:		Date:		Date:		Date:		Date:			
Meal Services	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	Total 5 day Meal Ct	Ave 5 day Meal Ct
Breakfast												
AM Snack												
Lunch												
PM Snack												
Supper												
LN Snack												

*Divide the Total 5 day meal count for each meal service by five (or the number of days served if less than five) to determine the average.

8. Were more meals claimed than TDA for any meal service during the previous five days?

☐ Yes ☐ No

9. Were the number of meals observed on the day of the monitor review within the five day average?

☐ Yes ☐ No

If not, why? _____

SECTION 3 OBSERVATION OF MEAL SERVICE

10. Circle **meal observed** and record applicable meal times. Did the meal service occur on schedule? ☐ Yes ☐ No If No, why not? _____

	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	L. N. Snack
Scheduled Meal Service Time						
Meal Service Time Observed						

11. Record the meal components served. **Do they match the posted menu?** ☐ Yes ☐ No
If not, why? _____

Meal Components	Food Item
Milk	
Meat/Meat Alternate	
Fruit/Vegetable	
Fruit/Vegetable	
Bread/Bread Alternate	
Bread/Bread Alternate	
Other	

Note: The Adult Day Care Meal Pattern requires two bread servings at breakfast, lunch, and supper.

12. Did the meal observed **meet meal pattern requirements?** ☐ Yes ☐ No

13. Record the food items served for infant meals: (If applicable)

Infants			
List Food Items Served (Be Specific)			
Meal Components	Birth Through 3 Months	4 Through 7 Months	8 Through 11 Months
Iron-Fortified Formula/Breast Milk/Whole Milk			
Infant Cereal			
Fruit/Vegetable			
Fruit/Vegetable			
Meat/Meat Alternate			
Bread Component			

Note: If infant participates in meal served from the kitchen (table food), please include the foods served

SECTION 4 MONITORING AND TRAINING

14. List date and any problems from last Monitor Review conducted by the sponsor:

15. Have these problems been corrected? ☐ Yes ☐ No ☐ NA If No, explain:

16. Have appropriate center personnel been trained in CACFP regulations? ☐ Yes ☐ No

17. Date(s) of In-Service Training(s) _____

SECTION 5 HEALTH/SAFETY/SANITATION

18. Was food properly stored in the refrigeration units and in dry storage areas?

☐ Yes ☐ No ☐ Not Applicable

19. List temperatures for Refrigerators and Freezers:

Refrigerators _____

Freezers _____

Note: Refrigerator temperatures must be maintained between 33 and 42 degrees. Freezer unit temperatures must be maintained at 0 or below.

20. Are cleaning supplies, polishes, insecticides and other toxic materials safely stored in an area separate from food? ☐ Yes ☐ No ☐ NA

21. Did participants and center staff wash their hands before meal service? ☐ Yes ☐ No

22. Are sanitary procedures followed in all aspects of food service? ☐ Yes ☐ No

SECTION 6 RECORD KEEPING

23. Does the center keep a record of total daily attendance (attendance records)? ☐ Yes ☐ No

23. Are **current** fiscal year enrollment forms maintained on each participant?

☐ Yes ☐ No

24. Is the Record of Meals Served Form (17-9/17-10) current and up-to-date? ☐ Yes ☐ No

24. Are free and reduced price applications on file? ☐ Yes ☐ No ☐ NA

25. No. of Free _____ No. of Reduced _____ No. of Paid _____ Total _____
(For the latest claim submitted)

26. Are appropriate records kept to document all costs claimed (receipts, invoices, PARs, payroll checks)? ☐ Yes ☐ No

27. Are menus posted, available and up-to-date at the center for all approved meals claimed for the current month? ☐ Yes ☐ No

28. What problems with required components have been noted on the menus?

29. Was the "...And Justice for All" poster visibly displayed to the general public?

☐ Yes ☐ No

SECTION 7 SUMMARY OF FINDINGS

30. Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form. **Serious problems indicating imminent health and safety issues must have a follow-up immediately—within 24 hours.** Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.

SUMMARY OF FINDINGS			
Review Item #	Corrective Action (CA) Needed	C.A. Due Date	Follow-up Visit Due Date

Signature and Title of Monitor/Reviewer	Date
Signature of Center Director/Supervisor	Date

Note: Monitor review revised July 2012. All other monitor review forms are obsolete.

TO DO LIST FOR NEW INSTITUTIONS

Upon return to your center/office, please complete the following:

- Complete and mail the Permanent Agreement by the assigned date.
- Complete the on line CNIPS application.
- Distribute **current year** Income Applications to parents/guardians, and or clients. Collect and classify participants as “free, reduced, or paid.”
- Distribute **current year CACFP enrollment forms** to parents, guardians and/or clients. Collect and file with income application.
- During the **first month** of participation in the CACFP, complete the Master Roster of enrolled participants.
- Conduct the first Monitor Review within the first **four weeks** of participation.
- Conduct In-Service Training within **four weeks** of attendance at State Agency training
- Complete the Procurement requirements within the first **four weeks** of each new fiscal year.

Maintain the following records beginning the first day of participation:

- a. Daily Attendance Records
- b. Record of Meals Served (Form 17-9)
- c. Menus (Participant and Infant)
- d. Receipts, Invoices, Bills that document food and non-food costs
- e. Personnel Activity Report(s)

Please note that this list is not inclusive of all documentation that must be maintained!!!

TO DO LIST FOR RENEWING CACFP INSTITUTIONS

Upon return to your center/office, please complete the following for **each new fiscal year**:

- Update the on line CNIPS application.
- Distribute **current year** Income Applications to parents/guardians, and or clients. Collect and classify participants as “free, reduced, or paid.” **(these forms should be collected in October)**
- Distribute **current year CACFP enrollment forms** to parents, guardians and/or clients. Collect and file with income application.
- Conduct In-Service Training within **four weeks** of attendance at State Agency training
- During the **first month** of participation in the CACFP, complete the Master Roster of enrolled participants (complete in October)
- Conduct the first Monitor Review within the first **four weeks** of participation (conduct in October)
- Complete the Procurement requirements within the first **four weeks** of each new fiscal year (conduct in October)
- Maintain the following records beginning the first day of each new fiscal year: (You should already be maintaining these forms):
 - a. Daily Attendance Records
 - b. Record of Meals Served (Form 17-9)/(Form 17-10)
 - c. Menu (Participant and Infant)
 - d. Receipts, Invoices, Bills that document food and non-food costs
 - e. Personnel Activity Report(s)

Please note that this list is not inclusive of all documentation that must be maintained!!!

702 KAR 6:100. Appeal procedures for nutrition and health services programs.

RELATES TO: KRS 156.070(5), 156.160(1)(f), 7 CFR 210.18(q), 215.11, 220.13(f)(2), 225.13, 226.6(k), 42 USC 1761, 1766(e), 1772

STATUTORY AUTHORITY: KRS 156.029(7), 156.070(5)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 156.070(5) requires the Board of Education to promulgate administrative regulations governing the operation of programs within the Department of Education. This administrative regulation establishes the appeals procedure for a sponsor of a federal nutrition program.

Section 1. Actions Which May be Appealed. (1) A school food authority that sponsors the National School Lunch Program, the Special Milk Program or the School Breakfast Program may appeal the following adverse actions:

(a) Denial of all or part of a claim for reimbursement arising from administrative or follow-up review activity; or

(b) Withholding payment arising from administrative or follow-up review activity.

(2) A sponsor of the Child and Adult Care Food Program, including an independent center or sponsoring organization on behalf of a facility under its jurisdiction, may appeal the following adverse actions:

(a) Denial of an institution's application for participation;

(b) Denial of an application submitted by a sponsoring organization on behalf of a facility or site;

(c) Termination of participation on an institution or facility or site;

(d) Suspension of an institution's agreement;

(e) Denial of an institution's application for start-up payments;

(f) Denial of an advance payment;

(g) Denial of all or part of a claim for reimbursement except for a late claim;

(h) Demand for the remittance of an overpayment; or

(i) Any other action of the Department of Education affecting the participation of an institution in the program or the institution's claim for reimbursement.

(3) A program sponsor or a food service management company (FSMC) participating in the Summer Food Service Program for Children may appeal the following adverse actions:

(a) Denial of an application for participation;

(b) Denial of a sponsor's request for an advance payment;

(c) Denial of a sponsor's claim for reimbursement, except for a late claim under 7 CFR 225.9(d)(5);

(d) Refusal of a state agency to forward to the Division of Nutrition and Health Services an exception request for payment of a late claim or a request for an upward adjustment to a claim;

(e) A claim against a sponsor for remittance of a claim;

(f) Termination of the sponsor or a site;

(g) Denial of a sponsor's application for a site; or

(h) Denial of a food service management company's application for a registration or the revocation of a food service management company's registration.

Section 2. (1) Appeal Procedures.

(a) A program sponsor aggrieved by an adverse action of the Division of Nutrition and Health Services (the "division") may appeal the action by filing a timely request for a review. The request shall be filed with the Director, Division of Nutrition and Health Services, Department of Education, 2545 Lawrenceburg Road, Frankfort, Kentucky, 40601.

(b) The request shall be in writing and shall state the name and address of the program sponsor and the name and title of the person who signed the request.

(c) The request shall be postmarked or received by the division prior to midnight of the fifteenth calendar day (tenth working day in the case of the Summer Food Service Program) after receipt of the notice of adverse

action. If the 15th day (tenth working day in the case of the Summer Food Service Program) falls on a Saturday, Sunday, or federal legal holiday, the request shall be timely if it is postmarked or received the next day which is not a Saturday, Sunday, or federal legal holiday.

(d) A program sponsor which has filed an appeal and request for review may examine and copy the information in the division files upon which the adverse action was based.

(e) During the review process, a program sponsor shall:

1. Represent itself; or
2. Be represented by legal counsel.

(2)(a) A request for appeal shall clearly identify the adverse action being appealed, the basis of the appeal, and the relief or remedy sought. It shall also include the date of the letter or other written communication from the division notifying the program sponsor of the proposed adverse action, and the name and title of the division official who signed the letter or communication. If a hearing before a hearing officer is desired, that shall be clearly stated.

(b) An appellant program sponsor may submit written information in support of its position at the time it files its appeal and request for review with a hearing officer. It may also submit additional written information to the designated hearing officer up to thirty (30) calendar days after receipt of the division notice of adverse action.

(3)(a) The division shall forward any request for appeal to the Director, Division of Administrative Hearings, Office of the Attorney General. The request for appeal shall be accompanied by a copy of the notice of adverse action sent by the Division of Nutrition and Health Services.

(b) The administrative hearing procedures of KRS Chapter 13B shall apply. Pursuant to 7 CFR 210.18(q)(9), 220.13(f)(2), 225.13(b)(12) and 226.6(k)(10), the decision of the hearing officer shall be the final administrative determination.

(c) In case of a denial of an application to participate in the program, the determination of the hearing officer shall either sustain the denial or shall direct that the appellant be approved for limited or full participation.

(d) In case of a denial of all or part of a claim for reimbursement,

start-up payment, advance payment, or demand for refund of any overpayment, the determination of the hearing officer shall either sustain the action under appeal or specify the amount of the claim for reimbursement, start-up payment, advance payment, or refund of overpayment to be paid.

(e) In the case of the termination of an appellant's participation in the program, the determination of the hearing officer shall either sustain the termination or shall direct that the appellant be permitted to continue participation in the program. (25 Ky.R. 1768; Am. 2149; eff. 3-1-99.)

Steven L. Beshear
Governor



Terry Holliday, Ph. D.
Commissioner of Education


**EDUCATION AND WORKFORCE DEVELOPMENT CABINET
DEPARTMENT OF EDUCATION**

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FY 2012

SCN Memorandum 2012-01a (Revision)

TO: All Federal Nutrition Programs

FROM: Deanna Tackett, Acting Director 
School & Community Nutrition

RE: 702 KAR 6:100 Appeal Procedures for School and Community Nutrition Programs
Revision

DATE: August 2, 2012 (Revision to July 22, 2010 Memo due to Division name alteration)

If a sponsor chooses to file an appeal, be advised that address information in **Section 2 (1) Appeal Procedures** has changed. If an appeal is submitted, the request should be filed to the following address:

Acting Division Director
School & Community Nutrition
500 Mero Street
23rd Floor Capital Plaza Tower
Frankfort, KY 40601

Should you have questions regarding this policy, please contact the office of School and Community Nutrition at (502)564-5625.